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Committee on the Rights of the Child
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Summary record of the 2066th (Chamber A) meeting
Held at the Palais des Nations, Geneva, on Thursday, 14 January 2016, at 3 p.m.

Chair: Ms. Aldoseri (Vice-Chair)

Contents

Consideration of reports of States parties (*continued*)

Combined third and fourth periodic reports of Ireland (continued)

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In the absence of the Chair, Ms. Aldoseri, Vice-Chair, took the Chair.

The meeting was called to order at 3 p.m.

Consideration of reports of States parties (*continued*)

Combined third and fourth periodic reports of Ireland (continued)
(CRC/C/IRL/3-4; CRC/C/IRL/Q/3-4 and Add.1)

1. *At the invitation of the Chair, the members of the delegation of Ireland resumed their places at the Committee table.*

2. **Mr. Madi** (Coordinator, Country Task Force) said that he would appreciate clarification on whether refugees settled in the State party could appeal decisions refusing them the right to bring family members to live with them. It seemed odd to him that the Office of the Ombudsman had been refused the right to consider complaints submitted by asylum seekers in the State party. He wondered whether there had been any cases of sexual abuse of children by members of the Catholic clergy in the State party and, if so, how those cases had been resolved.

3. The raising of the minimum age for service in the Defence Forces of Ireland from 17 to 18 was a welcome development. Ireland was an example to many other countries in that regard. He would nonetheless appreciate clarification of the measures taken by the State party to disseminate and conduct training on the Optional Protocol on the involvement of children in armed conflict among the public at large, including children. He wished to know what efforts the authorities had made to prevent Irish minors and non-Irish minors living in Ireland from being recruited by Islamic State in Iraq and the Levant (ISIL), whether any such minors had been recruited by ISIL and, if so, whether there was a mechanism for dealing with them upon their return. In that connection, the Committee remained concerned that the State party did not explicitly criminalize the involvement of persons under the age of 18 years in hostilities, including with non-State armed groups. He also wished to know whether the State party had a system for identifying and providing assistance to child refugees who had been involved in armed conflict abroad.

4. **Ms. Aho Assouma** asked what happened to the children of imprisoned mothers when they reached the age of 1 year, after which they were evidently separated from their mothers. Did Limerick Prison have a section for mothers and their children?

5. She also asked whether the programme of reviewing means-tested medical cards had been suspended while a new framework for awarding them was developed and whether the authorities had conducted campaigns to combat the stigmatization of children with disabilities. There were apparently long waits for access to mental health care for children, who were sometimes treated together with adults. How many beds were there in facilities for the care of children with intellectual or emotional disabilities?

6. She wondered whether teenagers, including refugees, were given information about and access to contraceptives. She also wondered whether there were any programmes to alert children to the consequences of the abuse of alcohol and tobacco. In that connection, she asked whether the State party had ratified the World Health Organization Framework Convention on Tobacco Control.

7. **The Chair** asked whether the State party had a policy of organizing cultural activities for young children.

8. **Ms. Muhamad Shariff** asked whether the State party had any plans to establish a national advocacy service for children receiving mental health care. She would appreciate further information on how the Protection of Life During Pregnancy Act

2013, in particular the provision stating that abortion was illegal except where the pregnancy posed a "real and substantial risk" to the pregnant woman's life, was interpreted.

9. **Mr. Walsh** (Ireland) said that, from 16 years of age, a person could seek to have the State recognize his or her preferred gender. One of the issues that would be considered in the future review of the Gender Recognition Act 2015 would be whether children under the age of 16 should be allowed to apply for gender recognition.

10. **Mr. Desmond** (Ireland) said that decisions to assign a gender to newborn intersex children were made on the basis of the child's physical needs. He was unaware of any compensation process specifically for that practice. In any event, it was possible to seek compensation for alleged medical negligence.

11. **Ms. Canavan** (Ireland) said that a wide range of measures, resulting in tangible improvements, had been taken to address the problem of unintentional injuries, the leading cause of death for children aged 1 to 18 in Ireland. The number of road deaths had fallen, for instance, and was now among the lowest in Europe. Work was being done to identify and address the remaining gaps.

12. **Mr. Walsh** (Ireland) said that under the Civil Registration Act, when a child's parents disagreed on his or her surname, the registrar could leave it blank. The authorities had briefly considered requiring double-barrelled surnames in such cases but had ultimately opted not to do so. Any children without surnames could apply for one when they reached the age of 18.

13. **Mr. Rodríguez Reyes** (Country Task Force) said that the right to an identity was fundamental. What was a child whose parents never reached an agreement to do? Was he or she to go through childhood without a surname?

14. **Mr. Walsh** (Ireland) said that the authorities were well aware that the issue was a fundamental one but that, after having considered a number of options, they had decided that it would be impractical for the registrar to impose a surname. A better solution would have to be found.

15. **Ms. Aho Assouma** said that it seemed to her preferable simply to assign the child a double-barrelled surname, not least because of the stigma that, in all likelihood, would attach to a child with only a given name.

16. **Mr. Reilly** (Ireland) said that the Adoption (Information and Tracing) Bill 2015 was currently with the Attorney General for final proofing. It was expected that progress towards its adoption would be swift. The Adoption (Amendment) Bill had been proposed to amend largely unsatisfactory rules regarding adoption.

17. **Mr. Desmond** (Ireland) said that consultation was under way on the development of a new Traveller and Roma inclusion strategy. In general, the health sector, including the Health Service Executive, was aware of the specific needs of Travellers and their children, who were disproportionately affected by asthma, diabetes and suicide. Clinics in Dublin and Limerick had developed inter-agency responses to problems, including health problems, commonly affecting Roma children. Roma and Travellers were specifically referred to in the State party's broader mental health and suicide prevention policies.

18. In an attempt to combat the effects of child poverty, Ireland had issued more than 1.8 million medical cards entitling the holders to free medical care and drugs, and visits to family doctors had very recently been made free of charge for all children up to the age of 6. A policy on combating child obesity was in the final stages of completion. In that connection, the National Physical Activity Plan had been launched by the Minister of Health that very morning.

19. Rates of breastfeeding were low. Healthy Ireland, a framework for action to improve the health of the people of Ireland, would provide the context for the promotion of more desirable practices.

20. **Ms. Muhamad Shariff** asked whether efforts to promote breastfeeding would target Traveller women, who were less likely than women of other population groups to breastfeed their children.

21. **Mr. Desmond** (Ireland) said that if breastfeeding rates were particularly low among a given segment of the population, they would have been addressed by the drafters of the new National Maternity Strategy, which was to be launched in early 2016.

22. A steering group had met in late 2015 to begin work on a new strategy to combat drug abuse and addiction. Ireland had considerable experience in developing such strategies and was able to draw on the knowledge of a number of respected experts.

23. The Department of Health was drafting assisted human reproduction legislation. One of its main aims was to ensure that children born through surrogacy arrangements using donated gametes could, on reaching the age of 18, access information on their genetic identities.

24. The Connecting for Life suicide prevention strategy, launched in 2015, was built on an interdepartmental framework that reflected the need for close cooperation between the education, health and justice sectors. Youth mental health was the central focus, a particular aim being to reduce the exceptionally high suicide rate among young people between 15 and 19 years of age.

25. **Mr. Rodríguez Reyes** said that clarification was needed regarding surrogacy policy, including on whether children had the right to access information about their biological parents.

26. **Mr. Desmond** (Ireland) said that children did not have access to that information at present but that the bill on assisted reproduction would address such issues.

27. **Ms. Canavan** (Ireland) said that a note on surrogacy policy would be provided at a later date; the policy was currently in the very early stages of development.

28. **Ms. Sandberg** (Country Task Force) asked how the suicide prevention strategy functioned on the ground and whether any assessment of the practical efficacy of the cooperative framework had been conducted.

29. **Mr. Desmond** (Ireland) said that responsibility for coordinating the suicide prevention strategy lay with the National Office for Suicide Prevention, set up over a decade previously to oversee the Reach Out strategy, which had ended in 2015. The steering process for the new strategy had not yet been finalized but, as around 70 per cent of the actions envisaged related to health-care services, the Health Service Executive had already formally undertaken to guarantee extremely close cooperation from all pertinent divisions, notably the acute hospital, primary care, social care and mental health divisions.

30. **Mr. Rodríguez Reyes** said that more information was needed about the content and quality of the support provided to children with obesity problems and the care provided to intersex children. In particular, he wished to know whether the child's consent was required prior to treatment, especially if surgical intervention was involved.

31. **Mr. Reilly** (Ireland) said that clinical and surgical interventions to address physiological or anatomical problems associated with intersex conditions were normally performed early in life, before the children concerned were old enough to

give informed consent. However, parental consent was a prerequisite to any intervention and in the very rare cases where surgical intervention was necessary during adolescence, the child's informed consent was also required.

32. Besides being a priority area of Government policy, mental health had been highlighted as an area of specific concern by children themselves, notably at meetings of the local child and youth councils (Comhairle na nÓg). Although the availability of specific, ring-fenced funding over the past four years had allowed for increased resources and faster referrals, meeting needs and keeping waiting times to a minimum remained a challenge. Service agreements had been concluded with voluntary-sector providers to support implementation of the suicide prevention strategy and ensure rapid access to assessment and treatment, an especially good example of such partnerships being the "jigsaw network" developed by the mental health charity Headstrong. The Child and Family Agency had been allocated additional funding for 2016 to further develop the continuum of early intervention services that would help to prevent longer-term mental health problems.

33. The new national alcohol policy envisaged a range of measures, including minimum unit pricing. The initial response to pricing controls had been negative but the Government remained firmly committed to the measure, recognizing that alcoholism and drunkenness were serious problems in all segments of Irish society and contributed, inter alia, to domestic violence, workplace absenteeism and street violence — the latter linked in part to a worrying new phenomenon whereby young people deliberately inebriated themselves on cheap alcohol before going out and getting into trouble. On a positive note, the latest survey of school-age children had revealed a significant decrease in overall alcohol consumption and an increase in the number of schoolchildren who chose to abstain.

34. A plain packaging bill that would ban branded cigarette packets had recently gained unanimous parliamentary approval and was currently awaiting the green light from the European authorities. Smoking rates among 12- to 15-year-olds were already falling and the new legislation should bring further reductions. Smoking in cars had been banned as of January 2016 and a new Department of Health directive had rendered any new funding for playgrounds contingent on their being smoke-free zones. The overarching aim was to "denormalize" smoking as far as possible.

35. **Mr. Keenan** (Ireland) said that keeping children safe and protected from harm was one of the five outcomes pursued under the Better Outcomes, Brighter Futures national policy framework and that the development of strong family support structures and more effective early intervention and prevention services were central to the Government's approach to child welfare and protection. The various structural and procedural adjustments called for in the High-Level Policy Statement on Supporting Parents and Families prepared by the Department of Children and Youth Affairs with assistance from the United Nations Educational, Scientific and Cultural Organization (UNESCO) Child and Family Research Centre were already well advanced.

36. **Ms. Sandberg** asked what accountability mechanisms were envisaged in the policy statement and how the authorities could be sure that its content was being respected.

37. **Mr. Keenan** (Ireland) said that the policy statement drew on the commitments established in the Better Outcomes, Brighter Futures policy framework, which included monitoring and oversight mechanisms. Philanthropic financial support in excess of €8 million was available to fund the family support programme. The main goals included developing a standardized nationwide practice model, building awareness and understanding of how to access agency services for children, young

people and families, and promoting children's involvement in decisions affecting them.

38. **Mr. Reilly** (Ireland) said that less than half of the children placed in State care in Ireland were under a court order; parents gave their consent in most cases, and in some cases actually requested the care placement themselves. As at the end of May 2015, there were about 6,500 children in care, the vast majority of them in foster care and almost all of them in full-time education. The number of children admitted to care had declined in recent years but, because the average time spent in care had risen, overall the number of children in care had also risen. Foster homes and State-run residential homes were inspected by the Health Information and Quality Authority and overall standards were good.

39. **Ms. Clarke** (Ireland) said that around a third of the children admitted to State care were placed with relatives. Particular efforts were made to find such placements for Traveller children, who were overrepresented in care and fared better in their own cultural context. Although a relatively small number of children were in residential care homes, each home cared for no more than four children at a time and provided a very high level of personal support. The number of children placed abroad because of their special needs had decreased; at present there were just three adolescents in secure institutions in the United Kingdom. Children who moved abroad either with their foster families or to live with relatives were subject to ongoing supervision and were eligible for support from the Child and Family Agency.

40. The National Review Panel had identified a few cases in which delays in taking a child into care had led to mental health problems and tragic outcomes in later life. However, the shortcomings identified were beginning to be addressed. For example, all social workers had received training in how to identify and deal with situations of hidden harm and neglect; recommendations from the Ombudsman for Children were being used to inform the development of a standardized assessment framework, to be used by all agencies and institutions nationwide, that should help to eliminate the historically uneven application of intervention thresholds; and an out-of-hours social work service had been fully operational since November 2015.

41. Part of the additional funds allocated to the Child and Family Agency for 2016 would be used to appoint more social workers and thus reduce the number of children in care who had no dedicated social worker. At present, social workers were assigned on the basis of a risk assessment, which left children deemed less at risk with access to a duty team only. However, the aim was to achieve 100 per cent coverage in the near future. The Agency was also working to achieve equitable and improved access to aftercare for young people in State care who had reached 18 years of age.

42. An unannounced inspection conducted by the Health Information and Quality Authority in 2015 had identified two cases of extremely inappropriate use of "single separation", the temporary isolation of a disruptive young person. However, the Authority had acknowledged that such practices were sometimes necessary for children presenting extremely challenging behaviour, and a subsequent follow-up inspection had revealed significant improvements, with restrictive practices being used appropriately and with dignity. A new national policy on how restrictive practices and single separation should be used in special care and child detention schools was being drafted.

43. **Ms. Sandberg** asked in what circumstances parents might willingly or voluntarily have their children admitted to care. Could it be because there was insufficient practical support for children with disabilities or financial assistance for low-income families? If so, were any safeguards in place to ensure the more comprehensive support that could render a care placement unnecessary?

44. **Ms. Clarke** (Ireland) said that, in an increasing percentage of cases in which children were placed in alternative care, the placement was made on the basis of a court order in order to protect the child and ensure his or her welfare. Placement occurred only when it was deemed to be in the best interests of the child and when other methods, such as support for the family, would not alleviate the problem. She was not aware of any cases in which parents had chosen to place a child in alternative care on the basis of a disability, but if inspectors came across any such cases they would alert the relevant authorities.

45. The Gardaí and emergency on-call doctors had 24-hour access to advice from social workers and to a database that identified children placed on the child protection register. Emergency placements could also be made out of hours, and in such cases the children were usually placed in on-call foster homes.

The meeting was suspended at 4.25 p.m. and resumed at 4.35 p.m.

46. **Mr. Desmond** (Ireland) said that the National Sexual Health Strategy, which had been launched in October 2015, covered all aspects of sexual health, including awareness-raising, training, access and treatment. Its three overarching domains were: sexual health promotion, education and prevention; sexual health services; and sexual health intelligence. The strategy called for, inter alia, coordination with various stakeholders to promote sex education in schools and youth work settings, and the appointment of a national clinical lead on sexual health services.

47. Abortion was prohibited in Ireland, pursuant to the Constitution. The Protection of Life During Pregnancy Act 2013 clarified the situation by stipulating that the sole exception to that prohibition was when there was a real and substantial risk to the life of the pregnant woman, as determined by a medical examination. National legislation did not address the issue of persons who wished to travel to another country in order to terminate a pregnancy. The Crisis Pregnancy Programme funded crisis pregnancy counselling services, which operated in more than 50 locations across the country.

48. **Mr. Rodríguez Reyes** asked whether the Government planned to consult its citizens about the prohibition of abortion. He wished to know how the State party reconciled that legal prohibition with the need to provide adolescents with appropriate medical services whenever they faced any type of situation that required medical attention.

49. **Mr. Desmond** (Ireland) said that the medical services on offer reflected the existing legal position in relation to abortion in Ireland.

50. **Mr. Reilly** (Ireland) said that the drafters of the Protection of Life During Pregnancy Act 2013 had been advised that going any further would require a referendum. The Taoiseach had made it very clear that the issue needed to be addressed through a citizen's convention, as simply repealing the eighth amendment to the Constitution would leave a vacuum. The purpose of the 2013 Act had been to clarify what was permissible under the law. Any changes to that law would be a matter for the next government to take up.

51. **Ms. Muhamad Shariff** asked what options were available to victims of rape or incest.

52. **Mr. Desmond** (Ireland) said that the exception to the prohibition of abortion did not extend to that area. A major reconfiguration of disability services for children was currently under way and should be completed by the end of 2016. That reform aimed to ensure equal access to disability services, address geographical disparities and provide the most appropriate service at the most appropriate level for children with disabilities.

53. **Mr. Kenny** (Ireland) said that the Government's Construction Strategy 2020 and the Social Housing Strategy 2020 were intended to increase the housing supply and that the latter would provide a total of 110,000 social housing units, which would address the needs of all persons currently on the waiting list. The two main reasons that people fell into homelessness were the dysfunctionality of the private rental market and the poverty and other problems faced by families, particularly single-parent families.

54. There were two types of emergency accommodation: private housing, which consisted of houses and apartments; and temporary housing in commercial hotels. All emergency accommodation was inspected prior to a family's placement to ensure that it met the established standards. A protocol was in place to identify any child welfare issues that might arise among families placed in emergency housing. He was not aware of any significant issues identified in that regard. The Government followed a "housing first" approach and bypassed emergency housing whenever possible, but that was dependent on supply.

55. **Mr. Madi** asked why a significant portion of the 2012 budget allocated to fund the construction of housing for Travellers had not been spent.

56. **Mr. Kenny** (Ireland) said that there were legal provisions on offering culturally appropriate housing intended specifically for Travellers and that there were structures in place to deliver such housing. Travellers were free to choose any form of housing they wished, however, and one in four Traveller families chose the Traveller-specific accommodation. It was true that, in 2012, only €4 million of the €6 million allocated for Traveller housing had been spent, but that was not due to any unwillingness to spend those funds. As it took at least 18 months to finalize the housing projects, sometimes obstacles arose and the projects did not progress. Such cases could involve, for example, a change in the family's personal situation, issues within the Traveller community or issues with the broader community.

57. **Mr. Reilly** (Ireland) said that his Government took homelessness very seriously and that the issue was discussed regularly at Cabinet meetings. At least 200 local projects were currently under way to address homelessness, and he recognized that the long-term solution was to increase the supply of housing. The Child and Family Agency was aware of the increased risk to children caused by homelessness. Plans were in place to deal with that very serious challenge, but a full resolution of the problem would not be found overnight.

58. Sexual abuse at the hands of the clergy was a stain on both the country and the Church. A system of checks and balances was in place to ensure accountability for sexual abuse, and members of the clergy were subject to the same laws as all other citizens. In 2012, an amendment had been passed making it a criminal offence to fail to disclose information about sexual offences against children. Legislation had also been passed on vetting arrangements for persons working with children. That legislation was currently being amended to take account of new developments and would soon be finalized.

59. The National Board for Safeguarding Children in the Catholic Church, established in 2009, offered advice on best practices in safeguarding children, assisted in the development of policies and procedures, and monitored practice in relation to safeguarding children. Victims of sexual assault were entitled to bring personal injury cases before the courts. Many victims of clerical abuse had been compensated by the Church and various religious orders; most of those cases had been settled out of court, and thus the amount of compensation paid had not been disclosed. His Government was committed to ensuring that anyone guilty of such offences was held responsible under Irish law.

60. **Ms. Canavan** (Ireland) said that statistical data on the number of trials and convictions in such cases would be provided separately in writing.

61. **Mr. O'Briain** (Ireland) said that the International Protection Bill had now been enacted, which was key to beginning the implementation of the 173 recommendations made by the Working Group on the Protection Process, including Direct Provision and Supports for Asylum Seekers. The increase in the child allowance was an interim step and, over time, progress would be made towards implementing the Working Group's recommendation in that regard. Following consultations with the Children's Rights Alliance, amendments had been made to the Bill to incorporate the principle of the best interests of the child.

62. The Government was committed to establishing dedicated family courts, and consultations on that issue were currently under way. Rather than establishing entirely new courts, which would require a constitutional referendum, family divisions would be established within the existing courts. The family court judges would be selected on the basis of their training or experience in dealing with family law issues. The new legislation on family courts would include a set of guiding principles that would emphasize alternative methods of dispute resolution whenever possible. The relevant ministry would submit its proposals on the family court system to the Government as soon as they were finalized.

63. In his Government's view, the differentiated treatment of girls and boys who were victims of sexual offences did not constitute discrimination. Rather, it was appropriate in principle, given that the negative consequences of underage sex and pregnancy fell most heavily on girls. However, the sexual offences bill included a proposal to provide for proximity of age as a defence.

64. The assessment of the needs of the Roma community recommended in the Logan Report would soon be finalized. Much of the research had been carried out by trained Roma peer researchers. According to census data, the number of Roma in Ireland was in the low hundreds. The Roma were not an indigenous minority; rather, they were recent migrants from other member States of the European Union. Figures provided by NGOs were much higher, and one of the needs identified in the needs assessment was to obtain accurate data in that regard. Disclosure of ethnicity was entirely voluntary in Ireland, however.

65. The age of criminal responsibility remained at 12 years of age. While 10- and 11-year-olds could be charged with serious offences, no child under the age of 14 years could be prosecuted without the consent of the Director of Public Prosecutions. Currently, there were no children aged 12 to 14 in detention, while there were five 15-year-olds in detention. Those figures represented a drop compared with data from 2011, which indicated that the diversion mechanisms in place had begun to work.

66. In October 2015, the Government had issued a road map for ratification of the Convention on the Rights of Persons with Disabilities. It was expected that Ireland would be in a position to ratify that Convention by the end of 2016, and it would ratify the Optional Protocol to that Convention at the same time.

67. The National Disability Authority advised the Government on disability matters and monitored public authorities' compliance with the 3 per cent employment quota for persons with disabilities.

68. **Ms. Sandberg** asked the delegation to comment on reports that a medical model of disability continued to be applied, particularly in the field of education. What provision was made for sign language for deaf children to ensure their inclusion in schools?

69. **Mr. O'Briain** (Ireland) said that, while it was true that a medical model of disability had historically been applied, the very fact that disability policy coordination came under the Department of Justice and Equality made it clear that that was no longer the Government's approach to disability issues. Great importance was attached to public consultation with persons with disabilities to ensure that their real needs were being addressed.

70. **Ms. Conduit** (Ireland) said that the Department of Education and Skills provided an extensive range of supports to ensure that pupils who were deaf or hard of hearing could fully participate in mainstream education. A number of initiatives were in place to support users of Irish sign language in the education system, including a weekly home-tuition service for deaf preschool and school children to provide sign-language training to them and their siblings and parents. A dedicated visiting teacher service for children and young people with a hearing impairment was also provided up to the higher education level. There were 1,290 children who were deaf or hard of hearing in mainstream education, 800 at primary level and the remainder in post-primary. A further 120 deaf children were in special schools or classes.

71. The inclusion of children with disabilities in mainstream education was a high priority; 15 per cent of the education budget went to resources for children with disabilities. Since 2011, the number of special needs assistants in schools had increased by 16 per cent, while the number of resource teachers had increased by 29 per cent. Under a new model for allocating resource teachers that was due to be introduced in 2017, funding would be front-loaded to schools to distribute themselves, removing the current requirement of a diagnosis in order for children to be able to access resource supports. The new model addressed concerns about equity of access to resources that arose under the current model, where some children had quicker access to private assessments and diagnoses.

72. **Ms. Sandberg** asked how the new model would be monitored to guarantee equitable service delivery and ensure that the funds were actually spent on resources for children with disabilities. She would welcome an update on the Education for Persons with Special Educational Needs Act, which was not yet fully in force despite being more than 10 years old.

73. **Ms. Conduit** (Ireland) said that an evaluation component would be built into the new model, which was currently being piloted and assessed. Only certain sections of the Act had come into operation, as it had been decided to implement it as resources allowed. In the interim, the National Council for Special Education had produced a series of policy papers so that changes were being implemented on an administrative basis in advance of full entry into force.

74. **Mr. Reilly** (Ireland) said that the Government was acutely aware that the cost of childcare was a major issue for parents and a barrier to women returning to work. A new scheme would be introduced in September 2016, under which all children over the age of three would be eligible to start free preschool either in September, January or April of each year and to remain until the age of five and a half, which would relieve the pressure on parents who might previously have sent their children to school earlier than they might have wished. Increased funding had also been allocated to enhance and standardize support at preschool level for children with special needs. The number of places in existing community childcare schemes had been increased and a new scheme was to be set up that year. Significant efforts were being made to ensure affordable, accessible high-quality childcare that enabled all children to realize their full potential. Two weeks of paternity leave had recently been introduced and maternity leave was longer than in most other European countries. Free care from family doctors had been introduced for children under the age of 6.

75. **Mr. Walsh** (Ireland), returning to a point raised earlier, said that, in the event of a disagreement between parents on the surname to be given to a child, the civil registrar generally used the mother's name so that, in practice, all children had a surname. The Government had met its commitment to provide an adequate standard of living for children even during the period of austerity. Social transfers had proven very effective in preventing the risk of poverty among children, and Ireland was among the best-performing European Union member States in that regard. Nonetheless, there was no room for complacency. The Government was particularly concerned about consistent poverty, which meant that children were both income poor and deprived of basic necessities. It had set a target of reducing the consistent child poverty rate by two thirds to lift 100,000 children out of consistent poverty. It had adopted a whole-of-government approach under the Better Outcomes, Brighter Futures policy framework, which was in line with the principles of the Convention. Increased funding was being allocated to the school meals programme, and the number of children benefiting had almost doubled over the past 10 years.

76. **Mr. Reilly** (Ireland) said that the national children's detention facility currently nearing completion at Oberstown would end the practice of detaining children in adult prisons. There had been a phased delivery of the project and the last unit was expected to be opened in the next month or two. Responsibility for 16-year-old boys held on remand or convicted and 17-year-old boys held on remand had already been transferred to Oberstown. An updated education strategy had been introduced and an assessment, consultation and therapy service was being provided. Staff recruitment was ongoing. The ethos of the new facility was focused on the rehabilitation, education and support of young people. Detention was seen as a measure of absolute last resort and many community diversion initiatives were in place.

77. **Ms. Canavan** (Ireland) said that, pursuant to the report of the Health Information and Quality Authority on the Oberstown campus, an action plan had been agreed and work was under way to make the necessary improvements.

78. **Ms. Conduit** (Ireland) said that it had been acknowledged that the use of the Leaving Certificate for selection and entry into higher education put many students under undue pressure. Accordingly, the Department of Education and Skills had recently agreed a comprehensive range of measures with secondary schools and education partners to reform the system, including the introduction of a new grading structure and the development of new and more modern syllabuses.

79. **Ms. Caitríona O'Brien** (Ireland) said that the Education (Admission to Schools) Bill was currently before parliament. However, as a general election was due to take place shortly, the future legislative programme would be a matter for the incoming government.

80. **Ms. Sandberg** asked whether there were plans to amend the Equal Status Act in order to make it impossible for schools to deny access to children on the grounds of religion.

81. **Ms. Caitríona O'Brien** (Ireland) said that the education minister had announced her intention to amend the Equal Status Act to that effect. At secondary level, religion was on the curriculum for both the Junior Certificate and the Leaving Certificate, but students could opt out of the subject. At primary level, the National Council for Curriculum and Assessment was developing a national curriculum for education on religions and beliefs, and had launched a public consultation to gather proposals. In the meantime, individual school patron bodies continued to use the curriculum they had developed themselves.

82. Student councils were provided for under the Education Act and had been set up in almost all secondary schools. The Department of Education and Skills strongly

supported the Irish Second-Level Students' Union. The National Strategy on Children and Young People's Participation in Decision-Making included specific commitments to enhance the operation of student councils. The Inspectorate of the Department of Education and Skills engaged with student councils and learners in the context of whole-school evaluations. The education minister strongly believed there was a need for schools to be more accountable to parents and students and for a greater level of communication, engagement and transparency in how schools served their communities. There were plans for a legislative provision requiring all schools to have a parent and student charter.

83. **Ms. Canavan** (Ireland) said that written replies would be provided to the outstanding questions.

84. **Mr. Madi** thanked the delegation for clarifying many issues while acknowledging some of the hurdles faced. He expressed the hope that the State party's stated intention to fulfil its obligations under the Convention would be matched by implementation on the ground, and that the legislation that had been enacted would actually be made operational.

85. **Mr. Rodríguez Reyes** expressed his thanks to the delegation for the productive dialogue, which attested to the importance attached to children and young people in the State party.

86. **Ms. Sandberg** said that she was grateful for the many replies provided during what had been a constructive dialogue.

87. **Mr. Reilly** (Ireland) thanked the Committee for its engaging and challenging questions. He said that the Government acknowledged that it was still on a journey in terms of children's rights, but that the Better Outcomes, Brighter Futures framework was the road map for future developments and investment. Recalling the ideals of the men and women of the 1916 Rising, who had proclaimed a republic that cherished all the children of the nation equally, he said that Ireland continued to espouse those values. He stressed the important role played by civil society and thanked the children and young people who had prepared their own report, "Picture Your Rights".

88. **The Chair**, speaking on behalf of the Committee as a whole, thanked the delegation for its part in making the dialogue truly interactive and extended best wishes to the children of Ireland.

The meeting rose at 5.55 p.m.